

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH  
 64 County Masson Registration District No. 547  
 1 Township Masson Primary Registration District No. 3029  
 8 City Hannibal (No. 2210, Hope St. 6 Ward) File No. 23749  
 Registered No. 238

2. FULL NAME Rice Harris  
 (a) Residence, No. 2210 Hope St., 6 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 13 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maitha J. Spencer Harris  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11-1843  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
89 11 16  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retire d  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Minister & Farmer  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co. Ill.  
 13. NAME Solomon Harris  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina  
 15. MAIDEN NAME Lucinda Banker  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenneseo  
 17. INFORMANT J. B. Spencer (ADDRESS) Hannibal Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cemetery DATE July 29, 1933  
 19. UNDERTAKER (ADDRESS) Ray P. Spillane Hannibal Mo  
 20. FILED July 31, 1933 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from May 29, 1929, to July 27, 1933  
 I last saw him alive on July 24, 1933. Death is said to have occurred on the date stated above, at 5:15 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Senility Date of onset  
1100  
162  
 Other contributory causes of importance:  
Chronic Gastritis  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Fredrick B. Spencer, M. D.  
 (Address) 1208 Market, Hannibal, Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

